DOCUMENT RESUME

ED 088 511 IR 000 345

AUTHOR	Steffens, Elizabeth; And Others
TITLE	Agnews State Hospital Patients' Library Bibliotherapy Project. Final Report, March 1972.
INSTITUTION	Santa Clara County Library, San Jose, Calif.
PUB DATE	73
NOTE	25p.; See also IR 000 342 through IR 000 344
EDRS PRICE	MF-$0.75 HC-$1.85
DESCRIPTORS	*Bibliotherapy; Counselor Role; Dramatic Play; Group Discussion; Historical Reviews; Human Relations; Institutionalized (Persons); Library Facilities; Library Material Selection; Library Services; *Mental Illness; Psychiatric Hospitals; Psychoeducational Processes; *Rehabilitation Programs; Self Expression; Story Reading; Therapeutic Environment
IDENTIFIERS	*Agnews State Hospital

ABSTRACT

The Bibliotherapy Project is historically reviewed in connection with the staff personnel, main activities and achievements. Two Bibliotherapists present their views of the group sessions. They discuss physical facilities, therapeutic procedures and atmosphere, roles of therapist, group interaction, and other factors conducive to successful therapy. The presentation of therapeutic episodes shows the subtle psychological processes underlying the bibliotherapy. Suggestions are made in terms of the selecting of short stories, poetry and plays and conducting discussion groups. Finally, the program is evaluated by the librarian who has occupied the position of resource person and consultant to the program from its inception. (CH)

ED 088511

AGNEWS STATE HOSPITAL

PATIENTS' LIBRARY

BIBLIOTHERAPY PROJECT

Final Report

March 1972

Prepared By:

Elizabeth Steffens, Librarian

Clara Lack, Librarian-Bibliotherapist

Bruce Bettencourt, Bibliotherapist

Lucille Leuschner, Senior Librarian-Consultant

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

IR000 345

The last year of the Bibliotherapy Project may be said to have been as difficult as the fir t. In the beginning our problem was to discover a successful technique for accomplishing our purpose -- "to demonstrate that beneficial results could be achieved through the instrumentality of books in the general treatment program of a mental hospital." At the end our problem has been to find a way of extending our hard-won expertise into the community, beyond the confines of a hospital that will soon cease to exist.

During the weeks between November 3, 1971 when the forthcoming closing of the Hospital was announced and February 29, 1972 when the Hospital Administration terminated the Bibliotherapy Project, we and the many friends that the program has acquired, have done our utmost to save it. Whether the matter will be resolved in the near future is something that a later Chronicler will have to report.

The Project began the year 1971-1972 with a staff of on Bibliotherapist, Clara Lack. She conducted sessions in the Library and on two wards. In addition to short stories, plays were used as vehicles of patient participation, with notable success. Patients whose attention span did not allow them to comprehend the whole of a story, however short, were alert to read their roles in a play, and absorbed an understanding of the play through their own contribution to its development. (See Part II)

Creativity of a direct nature emerged from the reading of poetry with certain groups. Several patients submitted work of their own which they were eager to read in group sessions, willingly laying their heads on the chopping block of their peers' criticism. Others produced poems for the eyes only of the Bibliotherapist. Mrs. Lack compiled a small collection -- with their permission -- of patients' poetry that she en-

titled Serendipity. This has been distributed to a mailing list of interested persons.

Late in October our second Bibliotherapist, Bruce Bettencourt, returned to the Project after an absence necessitated by State policy which requires a hiatus of three months between the "temporary appointments" of an individual whose job does not fit into California's classification scheme. One hopes that some day the position of Bibliotherapist will be recognized as respectable.

On November 2, 1971 this Librarian returned after fifteen months of retirement to resume the position, part-time, of Patients' Librarian and Adminstrator of the Bibliotherapy Project. From the day after her arrival when the announcement of the Hospital's imminent closing was made, until the present, she has had the rueful chore of presiding over a lively program doomed to an untimely death.

During fiscal 1971-1972, 293 Bibliotherapy Sessions were conducted. These included one weekly session conducted on a ward of chronically ill women by an Occupational Therapist who had been trained by the Bibliotherapists. Each of the latter conducted a weekly session in conjunction with staff psychologists, one on a ward of seriously disturbed men, the other in the Library. The Bibliotherapists jointly conducted weekly sessions on a large ward of men under intensive psychiatric care. Weekly sessions of play reading and discussion were held on men's wards with patients from a women's ward cooperating. The remaining sessions were held in the Library, where the attendance continued to average ten patients, despite the dwindling Hospital population.

During the month of December the Bibliotherapists took a group of patients who had been regular participants in play-reading sessions to a performance of Dylan Thomas' Under Milk Wood. The enthusiasm with which

they later discussed the play would contradict the canard that mental patients cannot blossom under high intellectual stimulation.

Later in the same month, Mrs. Lack, at the invitation of the Librarianship Department of San Jose State College, delivered a lecture on the subject of Bibliotherapy to a class in Administration of Public Libraries.

In January, Clara Lack and Bruce Bettencourt accepted an invitation to make a presentation as part of a panel before the Bay Area Social Responsibilities Round Table in San Francisco. This was a conference of Social Workers and Librarians, funded by a grant from the Department of Health, Education and Welfare, Office of Education. For added interest they conducted a Mini-Bibliotherapy Session, lasting fifteen minutes, in which members of the panel and audience participated. Overheard comments indicated that many people, including Librarians, had learned of our program for the first time. Others were well informed in advance, having read our annual reports, and in some cases, having observed sessions in our Library. This Librarian was cornered by one informed member of the audience who explained the Agnews Bibliotherapy Project, at considerable length, and incidentally, with glowing praise. It was like being introduced by a stranger to one's own child suddenly grown beautiful.

The book, Bibliotherapy, published by the American Library Association, contained brief references to the Agnews Bibliotherapy Project and a photograph of a group session, using material from the first annual report, 1968-1969. We have received a few requests from readers of the book for additional information.

The Bibliotherapists have recorded on tape a number of group sessions which will be offered to the State Library as training material for the use of interested persons. Also a Bibliography covering the nearly four years of the Project, for distribution to the mailing list. Incidentally

this list, exclusive of the captive audience of State supported institutions to which we have sent copies of our annual reports whether they want them or not, now contains more than a hundred names and addresses of individuals and institutions who have requested copies of our material. It includes Librarians, Social Workers, Psychologists, Psychiatrists and others, from nearly every State in the Union, the City of London, England, and the Province of Nova Scotia, Canada.

Part II of this report undertakes to present our two Bibliotherapists'-eye-views of group sessions. It includes also an evaluation of the program by the Librarian who has occupied the position of resource person and consultant to the program from its inception. Without her gentle prodding the Agnews Bibliotherapy Project would never have been more than an unexplored hypothesis.

As valedictory, all those among us who have participated in the program --- patients, staff, and visitors --- would join in thanksgiving to Carma Leigh and Phyllis Dalton, whose vision enabled us to begin the Project, whose support enabled us to continue it, and whose interest will sustain us in our efforts to move it into the community. And so -

"Tomorrow to fresh woods
And pastures new."

Elizabeth Steffens

PART II

BIBLIOTHERAPY -- AS WE SEE IT

Many patients are uncertain how to relate to other people. For one reason or another, their experience is inadequate to deal with people constructively. Literature provides "models" of behavior. The "models" from Literature need not be what is "right" or "normal", but the fact that they are real enough for intellectual and emotional involvement provides a focus for the Bibliotherapy Session. When Literature is shared among members of a small group, and active participation is encouraged, the level of involvement with the Literature is greatly increased. The group members are virtually participating in the relationships described. Each patient can express what he thinks the character should have done, and hear others do the same. This exchange of opinions and ideas is as important to the process of Bibliotherapy as is experiencing the Literature itself.

Group members also have the opportunity to discuss aspects of life that are not generally discussed. Death, suicide, anger, and hate are frequent topics, as well as love and friendship. In effect, this intensified experience of life offers the patient new perspectives on human relationships and problems. Hoepfully, some understanding of his own actions is gained, or he may be more ready to accept himself and others, as Literature reveals the commonalty of human experience. Some patients need to overcome resistance to therapy. A situation in Literature similar to a patients' own experience, or a situation similar in emotional tone to a patients' feelings, can reactivate painfully buried material. The patient can discuss his own feelings with less trauma, for he can name the feelings as belonging to a fictional character. This is in contrast to the more intense forms of group therapy, where the focus is immediately on his own feelings and problems.

Clara Lack and Bruce Bettencourt
Bibliotherapists

PART II A

The patients enter the Bibliotherapy Room, which we have managed to furnish in a less institutionalized way than the rest of the Hospital. We have arm chairs, table lamps, natural objects, Seedpods, shells, plants, etc., and several framed art prints on loan from San Jose City Library. In an adjoining room, coffee and tea are available. When everyone has his beverage, cigarettes, matches, ashtrays, and a place to sit, the Bibliotherapy Session begins. We ask the patients to introduce themselves by first names only, since the informality of the setting is important.

Then if there are new members present, something of the general format of the session is explained. The description goes something like this: "I am going to read a short story out loud to the group." Usually, it is ten or fifteen minutes in length. Then we spend the rest of the time talking about the story, the characters, the situations they have gotten themselves into, and their problems. We might discuss what the people in the story did to extricate themselves from their situation or problem. Or we might speculate as to why the characters acted, or felt, as they did. We try and get below the surface of the plot and discover what the characters' motivations are; what makes them tick. Sometimes, we talk about experiences or feelings that we have had that are similar to those of the people in the story. Or we might talk about ways in which our experiences have been different or opposite. We often discuss whether or not we agree with the course of action taken by the character in the story.

"But, I do want to emphasize that this is not like an English or Literature Class in school. We are not interested in analyzing symbolism, or discussing the author's life, or his reason for writing the story. Nor

do we have to stick only to what is stated in the story. We can speculate as to what we think happened next, after the story ended. We can try to fill in the details that the author leaves to our imagination. In general, our discussions are at a feeling level, rather than an intellectual level."

Then, I read the story, after which I usually say nothing but instead wait a few moments for the story to be considered. Usually, several patients comment, quite neutrally at first. "I liked that story," or "It was not as good as the one you read yesterday." If, by this time, no one has made a comment about the content of the story, I might ask: "What did you like (or dislike) about the story?" or "what did you think of the story?"

At first, I encourage discussion or comment in a general way, trying to discover what the patients find interesting or important in the story. I do not, at this point at least, attempt to direct discussion towards the points that strike me as most relevant, unless there has been no response to specific aspects of the story. But usually, some one is commenting on some aspect in the story that has significance for him. I encourage him to elaborate to develop his viewpoint. Then I invite others to agree or to disagree. I try to emphasize that there are no right or wrong ways of looking at the situation described in the story; that each person's viewpoint or appraisal of the situation is as valid as the next person's viewpoint.

Ideally, my participation as Bibliotherapist is minimal; the therapy takes place between patient and literature, with the group interaction as a catalyst, not between patient and Bibliotherapist. As long as the discussion is constructive, I allow it to continue without interruption. By constructive, I mean that the conversation is focused on some aspect of

the story, or some human relationship or problem, as opposed to a discussion of some trivial matter, such as an anecdote, the quality of food at the Hospital, or general complaints about ward staff. I try to encourage patients to keep discussion relevant to the story, or themselves and their problems and feelings. Lengthy digressions are discouraged if they are obviously irrelevant. I might say, "How does that relate to the story?" or "We are getting off the point of the discussion." This is a gentle, non-authoritarian suggestion that the conversation might be more productive, without my telling the patients what to talk about. My belief is that the patients themselves are in a better position to know what they find interesting and important, than am I. The role of the Bibliotherapist is to be accepting, supportive, and encouraging to the patient; to provide a context, an environment, an atmosphere conducive to a therapeutic experience.

At other times, though, I must act as a catalyst to the discussion process, when discussion does not spontaneously take place, I might ask more specific questions of the group, or even of specific members. For example: "What do you think of the father in the story? what kind of person is he?" or "Should the man in the story have gone back to his wife?"

I often try to start a dialogue, that is when a patient states a viewpoint, attitude or belief, I ask if anyone disagrees with him. When half of the group is of the opinion that, for instance, the father did not understand why his son committed suicide, I might ask: "Does anyone disagree, do you think the father has some insight into the circumstances behind his son's death?"

When part of the group takes one viewpoint, and another part the alternative or opposite side, the discussion assumes a flavor of personal

relevance and importance. The patients care what they are talking about. They are emotionally involved, the conversation is less intellectualized; the individuals draw on personal experience to exchange and clarify their beliefs or viewpoints. Then, the contrast between a literature discussion group and a Bibliotherapy group is most apparent.

Bruce Bettencourt

PART II B

Unlike the reading of a short story on a ward, which takes place in the presence of the entire population of the dayroom, the reading of a play by the patients themselves is a private performance, attended only by the people who are involved in the play. Since the two wards on which play-reading has occurred are men's wards, the Bibliotherapist escorts women patients from a neighboring ward, at the same time juggling multiple copies of two plays and the keys to unlock and lock five sets of doors enroute. Two plays are needed, so that the patients may vote a preference yet not be confronted with a confusing number of choices. The choices include a comedy or a more serious play. The majority rules as to the play read. Patients select the role they wish to read; if several people wish to read the same part it is the Bibliotherapist's chore to resolve the conflict as tactfully as possible.

Our theater is the barbershop on one of the wards, or the visitors' room on the other, small rooms suited to a group of from six to eight persons, and no audience. A play with more than seven or eight characters is usually too long to read in an hour; minor characters with only a few lines to read lose interest; an audience makes the readers self-conscious. Few patients reading a script for the first time are able to make the play meaningful to an audience. Some patients have enjoyed play-reading so much that they desire to stage a play. This has not been possible largely because of rapid patient turn-over.

One-act plays have been most successful. Acts from larger plays have been tried but are usually too long, and few scenes are a unit in themselves. The gathering of the group, plus the reading and discussion takes place in one and one-half hours because of ward routines. Contemp-

orary plays dealing with typical life situations have been most popular. Theater-of-the Absurd is not generally favored by patients. Classics in shortened form can sometimes be used. The heavy or philosophical play is chosen as often as the light or humorous one.

Since parts are not assigned, there are some surprises. A very timid appearing man has chosen to read an aggressive character. A young girl with a sweet, innocent face has chosen the role of a "tramp." Sometimes, a patient will wish to read a part of the opposite sex. There is usually a group reaction to this kind of request. This request is permitted unless the doctor feels a mistaken sexual identity should not be reenforced. Otherwise, it seems to me, some benefit can be derived in trying to understand how a person of the opposite sex might react.

In the beginning stages of the program, only a men's ward was involved. The men requested that women be included to read the feminine roles. Medical permission and synchronization of ward schedules was necessary to fulfill this request.

Often a role will remind a patient of a similar role he has played in reality -- being in jail, losing his wife, etc. Or perhaps, a role that has been fantasized will be chosen -- a famous person, such as a movie star or king; a person of power, such as a very rich man; a person of evil, such as the villain or devil. A role may represent more realistic wish fulfillment as well. A shy, pretty, young girl would always want to read the romantic parts. A beautiful smile spread across the face of a man, who had been imprisoned several years, when he said: "I will be the father." Sometimes, the role serves as a safe vehicle to discharge hostile feelings, as in the case of the girl who read the mother's part in "Blood Photo" by Bruce Friedman in a very loud angry voice even at the time the part did not call for anger.

Play-reading has been a voluntary activity, but patients who are very much out of contact, withdrawn and with little motivation, those too upset to concentrate for the purpose of reading on their own, have been able to participate in play-reading.

Hale, who thought he lived on Venus and that his name was "Little Buttercup," read a part on cue with appropriate inflection. Some of his remarks in the discussion were pertinent, other remarks were unrelated to the discussion.

Carol spoke to almost no one on the ward nor would she participate in ward activities. Much to the ward-staff's surprise, she took part in play-reading once a week for over two months. She read well, seemed to enjoy the activity, and her appearance improved.

For several weeks, Sonia refused to take part in any activity except play-reading. She would be waiting for me at the appointed hour, and once when because of illness, I could not come, she said accusingly the next time: "I waited for you all morning and you did not come." The ward psychiatrist felt that through this enjoyable group experience, Sonia was eventually able to overcome her fear of people sufficiently to attend the Hospital high school. A big experience for Sonia was a field trip to a local college theater where the group was allowed to go backstage and see the light panel, sets, etc.

Manic patients have been able to control constant prattle while taking part in play-reading. Jane would talk from the first moment of our meeting on her ward, during the walk to the men's ward, while the play was being chosen, the parts assigned, but when the play-reading began she spoke only on cue. During the discussion, she would again dominate the conversation, although at my suggestion, she tried to allow others to speak.

Often more able patients will tactfully help another who has lost his place or cannot pronounce a word. Compassion for each other is not rare. Recently, a popular male patient suggested that a woman patient, whose sexual identity is confused, read the part of Cinderella in Rachel Field's Cinderella Married. The woman patient was visibly pleased.

All types of literature; short stories, plays, poetry, essays have appealed to the better educated, more intelligent patient who finds it easier to deal with abstractions. But play-reading has appealed as well to the less verbal and poorly educated patient, probably because of the active participation involved and also because of the lack of other activities. Poor readers have been discovered and then referred to the Hospital high school for remedial work. It is sometimes very trying for the rest of the group when a poor reader wants and needs to take part. Usually, the group shows much patience. It is frustrating not to be able to finish a play because of poor readers, but everyone must learn to cope with frustrations. Several patients have never had the experience of group reading, and are surprised that it is so enjoyable.

It has been interesting to note the difference in voice inflection and expression as a patient begins to improve. Play-reading is an activity that can be done outside the hospital and thus is a bridge to the outside world.

Poetry has been used successfully with very regressed older patients. Poetry subjects concern universal themes. Humor is also appreciated and the poetry of older poets. With this group, poetry is used in addition to a short story, because so few are able to sustain discussion on a particular subject. Often enjoyment is evident without

the ability to verbalize. The rhythm and brevity of poetry seem especially appropriate for this group. In one session the material may range from Wordsworth to Ogden Nash, to the Nonsense Rhymes of Edward Lear. Sometimes, a patient will recite long forgotten lines as I read the poem.

The younger, more sophisticated patient also responds to poetry. The more modern poets who deal with alienation and the contemporary scene are preferred. A subject with which the patient will identify is as much a criteria of selection as is literary merit. Because of the widespread indifference or dislike of poetry, it is not useful with a large group which needs almost immediate identification with people, not ideas.

Often in a group, there will be a patient who admits to writing poetry. If the writer is willing, sometimes this material from another patient will spark useful discussion. Sometimes there is useful criticism of the poem. A booklet of patient's poetry has been compiled.

Mari Evans' poem, "If There Be Sorrow" prompted the remark, "That is profound. I have always thought sorrow was losing someone or something that you loved." Later in the same session, several patients agreed that Bibliotherapy was the most stimulating intellectual activity at the Hospital. "You run out of things to talk about except for groups like this."

Essays have been used on a few occasions when a group was consistent enough in attendance for the leader to be aware of capabilities and interest. A chapter from Loren Eisley's Immense Journey evoked much stimulating discussion. One patient remarked that the session had helped to fill the intellectual void she had felt at the Hospital.

A fact learned early in my Bibliotherapy career was never to under-

estimate the capabilities of a patient. As with most people, the patients attempt to rise to meet one's expectations. On only two occasions has a patient completely disrupted a session. Interruptions and conflict are frequently present, but we have managed to work around them. On many occasions, I have been impressed with the similarity of some Bibliotherapy sessions to group conversations in a friend's living room. Edward Albee's phrase The Delicate Balance seems to me to be a very apt one. The thin line between mental health and illness is crossed back and forth. Karl Menninger in the Vital Balance deals with the closeness between normality and abnormality.

As with all group work, Bibliotherapy presents its strains and frustrations to the leader, but the opportunity to share with others some of the mysteries of life through literature has brought much inner satisfaction to me. I view my role as a leader as a convener of the group, a provider of the literature to focus the discussion, and as a questioner if the dialogue loses spontaneity or digresses too far from the story, poem or play. Questions are used in an attempt to draw out the less vocal group members but no one is forced to comment. We have had best results with a group of eight or ten people which includes both sexes of varying ages who are enough in contact to participate in a group.

My view of Bibliotherapy is that it is an enjoyable experience with each member of the group contributing to its therapeutic relevancy in a non-threatening atmosphere. Since both Bibliotherapists share the philosophy that a leader is supportive rather than threatening, details of the short-story sessions led by each Bibliotherapist would be repetitious. I use short-stories, poetry and plays. Mr. Bettencourt

primarily uses the short-story. He experimented with musical selections but found the resulting discussions short-lived.

Clara Lack

PART II C

That Congress had appropriated funds, under the Library Service and Construction Act. 1966, for the improvement and enrichment of libraries in hospitals and institutions was of significant inportance to hospital librarians. With funds for adequate personnel, books and additional library materials, those librarians fortunate enough to receive federal grants could demonstrate convincingly, what can be accomplished through the medium of books.

The task of a Patients' Librarian in a neuropsychiatric hospital is simultaneously, a most rewarding and most frustrating one. Rewarding - when a patient to be discharged from the hospital says, "Farewell, and thank you for introducing me to those wonderful books I read while in the Hospital. Before my hospitalization, I never could afford the luxury of time to read as I was always so busy trying to make a living. If I had had the time, I would not have known what books to select without guidance." Or, when the face of a patient brightens when she tells you enthusiastically that the book she is returning was so compelling that she could not put it down. She confides she now has regained her power of concentration which she had lost for a long period of time - and that attendance at the weekly book review helped. - Or, when a patient says, "I am grateful for the opportunity to attend group discussions in the library. They have given me the chance to meet other people who have common interests and with whom I could discuss issues of the day. I look forward with anticipation every week to the discussion of affairs in the outside world which make me feel like an individual again and have diverted my

thoughts from my personal problems. The discussions inspired me to read all I could find on subjects of a historical and political nature." Frustrating - to the Hospital Librarian who knows how much books can help patients but who is aware that her endeavor is what is referred to as a "band-aid" operation. For the small percentage who have access to books and to the library, and who the lone librarian can reach, there are many, many others who cannot be reached. The librarian who must perform the multitude of duties necessary to administer a library has limited time to distribute books to wards, conduct group discussions, play reading or Bibliotherapy groups which are a most important part of hospital librarianship. These are the means of making books come alive and meaningful to the patients. A collection of books in a library or on the ward is meaningless unless there is someone to motivate the patients to read. Many have not had the opportunity to read before their hospital experience and some have not had the inclination.

When federal funds were awarded to Agnews for the Bibliotherapy project, our Patients' Librarian had difficulty in recruiting people who understood her method of using literature as a means of therapy. She does not give up easily and eventually found the right people to conduct the program. The Bibliotherapy program has been extolled widely for demonstrating what can be accomplished with ingenuity, adequate staff and books.

The method of using short stories as a springboard for discussion among a group of patients is a decided improvement over methods of Bibliotherapy tried at Agnews previously. For a time, as a joint project with a staff psychologist, we recorded the name of the patients and the titles of books which they checked out of the library. When

the books were returned, we asked the patients leading questions to learn their reactions to the story. Often the replies were stilted, or a patron was reluctant to state an opinion. This procedure was time consuming and tied up typewriters needed for processing of books and correspondence. The psychologist became discouraged as frequent replies of the patients to his queries about their reading were: "It was a nice story," or "it relaxed me." There is much more involvement and the reactions to the stories more spontaneous in the present brand of Agnews Bibliotherapy.

It has been rewarding to me that so many staff members - nurses, occupational therapists, social workers and psychologists have collaborated with the Bibliotherapists in conducting sessions. These staff members have become acutely aware of literature as a means of communication with patients. In turn, the Bibliotherapist has been able to learn more about the patients and the needs of patients from these staff members who have more direct contact with the patients. Some occupational therapists, social workers and psychologists have conducted reading programs independently, but they rely upon the librarian for the selection of reading material. These therapists have found that chronic patients, who are usually reticent in groups, will respond to a story.

Reading selections in the Bibliotherapy groups have been diverse, but occasionally a therapist will ask for stories depicting suicide, death or other subjects with which one or more patients are preoccupied and which would be appropriate for discussion. Sometimes the patients are so far from reality that it seems logical to begin with simple readings but soon the truth of Dr. Klapman's[1] statements are proven

1. Joseph Klapman: Group Psychotherapy, Theory and Practice. New York, Grune & Stratton, 1946

that "Actually, an attempt should be made to raise the intellectual level of patients rather than to descend to the imagined lower levels of the mentally ill. And in practically every mental institution there are patients capable of profiting by fairly difficult printed material. So-called 'heavy contents' can be highly diversified, and to repeat, will be found more welcome to patients than might be supposed."

That only a librarian can qualify as a Bibliotherapist is a controversial subject. That a sensitive person who can empathize with patients can conduct Bibliotherapy has been demonstrated in the program in this Hospital. However, in observing the program during the past four years, I am most firmly convinced that the Bibliotherapist should be a librarian. A librarian has immediate access to the book collection from which to choose reading materials. By virtue of her profession, she is familiar with books and possesses the skill to guide the reader in his selection of books. A story read in a Bibliotherapy session may trigger a desire in a participant to read another book in a similar vein. The Librarian-Bibliotherapist can readily help the patient find a book similar to the story read. A Bibliotherapist has the opportunity to establish a relationship with members of a group, can learn of their needs, their background and interests and if the Bibliotherapist is a librarian can assist them in choosing a book to fill their needs and interests. If the session is held in the library, a double opportunity is afforded to those who have not yet acquired ground privileges and must be escorted to the library. They attend Bibliotherapy sessions and also have the opportunity to browse through the library to select a book under the guidance of the librarian.

At Agnews, there are few wards with ramps and elevators, making it

difficult to make rounds of the wards with a book cart, so when the Bibliotherapist conducts sessions on the wards, she carries a box, resembling a laundry case, containing about twenty books, selected to arouse the interest of the patients who may be incited to read as a result of the Bibliotherapy session. She may display them and describe each book briefly. A librarian should grasp at every such opportunity to inspire the patients to read to attain inner strength to sustain them during distressing times. Therefore, to the librarian, Bibliotherapy has a two-fold purpose; a therapy which has been described fully in this and previous reports, and in addition, as a means to become familiar with books and authors as a stepping stone to reading lengthier books, both fiction and non-fiction which may help in adjusting to life. Books are all about us, in libraries, even in supermarkets but sometimes it takes an illness, and a librarian to motivate one, to discover the joys of reading.

Several years ago, this librarian was moderator of a panel discussion in Bibliotherapy. The two main speakers were physicians - one a psychiatrist who uses literature as an adjunct to psychotherapy, the other - an internist, who prescribes books of philosophy to his patients as often as he prescribes pills. In the course of our conversation, I learned that as young men, both physicians had been hospitalized for a long period of time. The psychiatrist had been bed-ridden for many months in a tuberculosis sanitarium where the patients waited impatiently for the new books the librarian brought with her on the book cart. (As a former librarian in a TB hospital, I, in turn, could hardly wait to see the excitement on the faces of the patients who were eagerly anticipating the visit of the librarian with a cartful of books). The internist spent considerable time in a

hospital convalescing from poliomyelitis. The love of reading had been cultivated - or reinforced in each of them while they were patients and has remained a source of pleasure during their lives that followed. They are also aware of the power of the printed word and pass this knowledge along to their patients.

An effort has been made to establish a classification for Bibliotherapists which would separate Bibliotherapists from the library. Bibliotherapy and hospital librarianship go hand in hand. In a hospital setting, they should not be separated. Margaret Kinney[2] has stated that the Bibliotherapist is primarily a librarian who goes further in the field of reader guidance and becomes a professional specialist. A hospital librarian should have the opportunity to conduct Bibliotherapy sessions if she wishes. The additional librarian, who would be necessary if Bibliotherapy is included in the schedule, should share in the library duties. A librarian pursues hospital librarianship because she likes both people and books and wants to bring the two together. The selection of books, reader's guidance, conducting discussion groups, taking books to patients on the wards are the most important and enjoyable functions. The administration, cataloging, classification, supervising unskilled personnel and the many clerical tasks involved are necessary, too, and time consuming. To relegate to a librarian these arduous tasks without the reward of reactions to a moving story is a great deal to ask of a hospital librarian. Any person who possesses the qualities to become a hospital librarian would also possess the qualities to be a Bibliotherapist. A Bibliotherapist must be able to evaluate the patient's remarks and to interpret the

2. Kinney, Margaret. "The Bibliotherapy Program - Requirements for Training." Library Trends, 11:127-135, October 1962

reactions to the reading. If the hospital librarian can do this, the decision as to whether she conduct Bibliotherapy sessions should be hers. To share in library duties would sharpen the library skills of the Bibliotherpaist, which in the opinion of the writer, would make her more effective in the role of Bibliotherapist.

If a Bibliotherapist is added to the staff of a public library, she would have a separate classification Since everyone in a large public library has his special work, this would be appropriate. For many years, librarians have advocated that the public library employ a Bibliotherapist. Now that the mentally ill, who were formerly cared for in hospitals will receive treatment in the community, there is a great need for Bibliotherapists in all public libraries. The mentally ill need libraries and the therapy that prose and poetry provide, but they also need the help of an understanding librarian or Bibliotherapist in selecting books which will assist them in adjusting to life or to alter their pattern of life to attain happiness.

It is our hope that the closing of Agnews does not sound the death knell for the Bibliotherapy program. Many former Agnews patients are now living in boarding homes in the area. These people need Bibliotherapy. As stated in a previous paragraph, chronic patients, reluctant to talk, ordinarily, respond miraculously to a story.

We are grateful to the many institutional and hospital librarians who worked tirelessly to convince Congress to appropriate funds for forgotten institutional libraries and to Mrs. Carma Leigh and Mrs. Phyllis Dalton for their confidence in, and support of, the Bibliotherapy program. With thoughts of the termination of the program and

the prospect of changing the focus of the libraries to correspond with the changes in the Hospital (from a treatment center for the mentally ill to a treatment center for the mentally retarded), the undersigned will retreat to read the Ordeal of Change by Eric Hoffer, which should aid her in accepting philosophically, these pending changes.

Lucille Leuschner